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SYSTEM:OS  - DIALOG OneSearch
  File 155:MEDLINE(R) 1951-2004/Aug W1
         (c) format only 2004 The Dialog Corp.
*File 155: Medline has been reloaded. Accession numbers
have changed. Please see HELP NEWS 154 for details.
  File  55:Biosis Previews(R) 1993-2004/Aug W1
         (c) 2004 BIOSIS
  File  34:SciSearch(R) Cited Ref Sci 1990-2004/Aug W1
         (c) 2004 Inst for Sci Info
  File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
         (c) 1998 Inst for Sci Info
  File 340:CLAIMS(R)/US Patent 1950-04/Aug 03
         (c) 2004 IFI/CLAIMS(R)

      Set  Items  Description
      ---  -----  -----------
? s 131 or iodine(2n)131
           56082  131
          140526  IODINE
           56082  131
            6147  IODINE(2N)131
      S1   56082  131 OR IODINE(2N)131
? s anti(w)CD20
         1142287  ANTI
           10722  CD20
      S2    2825  ANTI(W)CD20
? s s1 and s2
           56082  S1
            2825  S2
      S3     270  S1 AND S2
? s lymphoma
      S4  236907  LYMPHOMA
? s s3 and s4
             270  S3
          236907  S4
      S5     244  S3 AND S4
? s s5 and py<1998
Processing
             244  S5
        33280078  PY<1998
      S6      30  S5 AND PY<1998
? rd
>>>Duplicate detection is not supported for File 340.

>>>Records from unsupported files will be retained in the RD set.
...completed examining records
      S7      19  RD (unique items)
? t s7/3,k,ab/1-19

 7/3,K,AB/1     (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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13713199   PMID: 9406707
   Preliminary  results from intensity-based CT-SPECT fusion in I-131
 anti-B1 monoclonal-antibody therapy of lymphoma.
  Koral K F; Lin S; Fessler J A; Kaminski M S; Wahl R L
  Department  of  Internal  Medicine,  University  of  Michigan,  Ann Arbor
48105-0552, USA.
  Cancer (UNITED STATES)   Dec 15 1997,  80  (12 Suppl)  p2538-44,
ISSN 0008-543X   Journal Code: 0374236
  Contract/Grant No.: R01 CA 56794; CA; NCI; R01 CA38790; CA; NCI
  Document type: Journal Article
  Languages: ENGLISH
```

Main Citation Owner: NLM
Record type: Completed
BACKGROUND: In treatment of non-Hodgkin's **lymphoma** patients with predose-plus-I-**131**-labeled anti-B1 (**anti-CD20**) monoclonal antibody, an intratherapy single photon emission computed tomography (SPECT) image is an important part of research estimates of tumor dosimetry. For that imaging, a computed tomography (CT)-SPECT fusion is used both to obtain an attenuation map for the space-alternating generalized expectation maximization reconstruction and to provide CT-based volumes of interest (VoI) to determine activity in tumors and organs. Fusion based on external, skin-surface markers has been used but may not correctly superimpose internal structures. METHODS: A new algorithm, developed and implemented in the Department of Radiology, University of Michigan, and based on the mutual information of grayscale values, was investigated. Results from four anti-B1 therapy patients are presented. RESULTS: In one patient, the new intensity-based fusion provided total reconstructed counts for kidneys that were higher than those produced by marker-based fusion; therefore, the VoI was probably located more accurately. In a second patient, after an acquisition that did not include any skin markers, the new algorithm produced counts/pixel that were similar for four of five tumors consistent with what is expected from an ideal therapy combined with accurate count density estimates. The fifth tumor was quite small and will have its final activity estimate moved toward consistency with the others after a recovery coefficient multiplication. For four tumors in two patients, direct comparison of the two algorithms yielded count totals that were different by no more than 7.2%. CONCLUSIONS: The use of CT-SPECT fusion and subsequent transfer of tumor VoI originally drawn in high-resolution CT space offers potential advantages for quantifying tumor uptake of radioactivity. A new, mutual-information-based fusion algorithm is usable without skin markers. Results indicate that the new fusion algorithm gives equal tumor count values within 7.2% compared with fusion based on external markers. It increases estimates of kidney activity by an average of 6.4%.

Preliminary results from intensity-based CT-SPECT fusion in I-**131** anti-B1 monoclonal-antibody therapy of **lymphoma**.
Dec 15 **1997**,
BACKGROUND: In treatment of non-Hodgkin's **lymphoma** patients with predose-plus-I-**131**-labeled anti-B1 (**anti-CD20**) monoclonal antibody, an intratherapy single photon emission computed tomography (SPECT) image is an important part...
Descriptors: Antibodies, Monoclonal--therapeutic use--TU; *Iodine Radioisotopes--therapeutic use--TU; ***Lymphoma**--radiotherapy--RT; *Radioimmunotherapy; *Tomography, Emission-Computed, Single-Photon
Chemical Name: Antibodies, Monoclonal; **Iodine** Radioisotopes; **iodine-131** anti-B1 antibody

7/3,K,AB/2 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)


13026035 PMID: 8683227
**Iodine-131**-anti-B1 radioimmunotherapy for B-cell **lymphoma**.
Kaminski M S; Zasadny K R; Francis I R; Fenner M C; Ross C W; Milik A W; Estes J; Tuck M; Regan D; Fisher S; Glenn S D; Wahl R L
Department of Internal Medicine, University of Michigan, Ann Arbor 48109-0724, USA. mkaminsk@umich.edu
Journal of clinical oncology - official journal of the American Society of Clinical Oncology (UNITED STATES) Jul **1996**, 14 (7) p1974-81, ISSN 0732-183X Journal Code: 8309333
Contract/Grant No.: M01-RR-00042; RR; NCRR; PO1-CA-42768; CA; NCI; R01-CA56794; CA; NCI

Document type: Clinical Trial; Clinical Trial, Phase I; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed

PURPOSE: The CD20 B-lymphocyte surface antigen expressed by B-cell lymphomas is an attractive target for radioimmunotherapy, treatment using radiolabeled antibodies. We conducted a phase I dose-escalation trial to assess the toxicity, tumor targeting, and efficacy of nonmyeloablative doses of an **anti-CD20** monoclonal antibody (anti-B1) labeled with **iodine-131** (131I) in 34 patients with B-cell **lymphoma** who had failed chemotherapy. PATIENTS AND METHODS: Patients were first given tracelabeled doses of 131I-labeled anti-B1 (15 to 20 mg, 5 mCi) to assess radiolabeled antibody biodistribution, and then a radioimmunotherapeutic dose (15 to 20 mg) labeled with a quantity of 131I that would deliver a specified centigray dose of whole-body radiation predicted by the tracer dose. Whole-body radiation doses were escalated from 25 to 85 cGy in sequential groups of patients in 10-cGy increments. To evaluate if radiolabeled antibody biodistribution could be optimized, initial patients were given one or two additional tracer doses on successive weeks, each dose preceded by an infusion of 135 mg of unlabeled anti-B1 one week and 685 mg the next. The unlabeled antibody dose resulting in the most optimal tracer biodistribution was also given before the radioimmunotherapeutic dose. Later patients were given a single tracer dose and radioimmunotherapeutic dose preceded by infusion of 685 mg of unlabeled anti-B1. RESULTS: Treatment was well tolerated. Hematologic toxicity was dose-limiting, and 75 cGy was established as the maximally tolerated whole-body radiation dose. Twenty-eight patients received radioimmunotherapeutic doses of 34 to 161 mCi, resulting in complete remission in 14 patients and a partial response in eight. All 13 patients with low-grade **lymphoma** responded, and 10 achieved a complete remission. Six of eight patients with transformed **lymphoma** responded. Thirteen of 19 patients whose disease was resistant to their last course of chemotherapy and all patients with chemotherapy-sensitive disease responded. The median duration of complete remission exceeds 16.5 months. Six patients remain in complete remission 16 to 31 months after treatment. CONCLUSION: Nonmyeloablative radioimmunotherapy with 131I-anti-B1 is associated with a high rate of durable remissions in patients with B-cell **lymphoma** refractory to chemotherapy.

**Iodine-131**-anti-B1 radioimmunotherapy for B-cell **lymphoma**.
Jul **1996**,

...escalation trial to assess the toxicity, tumor targeting, and efficacy of nonmyeloablative doses of an **anti-CD20** monoclonal antibody (anti-B1) labeled with **iodine-131** (131I) in 34 patients with B-cell **lymphoma** who had failed chemotherapy. PATIENTS AND METHODS: Patients were first given tracelabeled doses of 131I...

... in 14 patients and a partial response in eight. All 13 patients with low-grade **lymphoma** responded, and 10 achieved a complete remission. Six of eight patients with transformed **lymphoma** responded. Thirteen of 19 patients whose disease was resistant to their last course of chemotherapy...
...B1 is associated with a high rate of durable remissions in patients with B-cell **lymphoma** refractory to chemotherapy.

Descriptors: **Lymphoma**, B-Cell--radiotherapy--RT; *Radioimmunotherapy...; Antibodies, Monoclonal; Antigens, CD20--immunology--IM; Dose-Response Relationship, Radiation; Iodine Radioisotopes--therapeutic use--TU; **Lymphoma**, B-Cell--immunology--IM; Middle Aged; Radioimmunotherapy --adverse effects--AE; Remission Induction

Chemical Name: Antibodies, Monoclonal; Antigens, CD20; **Iodine** Radioisotopes; **iodine-131** anti-B1 antibody

7/3,K,AB/3 (Item 3 from file: 155)
DIALOG(R)File 155:MEDLINE(R)


09853764 PMID: 7692295

Radiolabeled-antibody therapy of B-cell **lymphoma** with autologous bone marrow support.

Press O W; Eary J F; Appelbaum F R; Martin P J; Badger C C; Nelp W B; Glenn S; Butchko G; Fisher D; Porter B; et al

Department of Medicine, University of Washington, Seattle.

New England journal of medicine (UNITED STATES) Oct 21 **1993**, 329 (17) p1219-24, ISSN 0028-4793 Journal Code: 0255562

Contract/Grant No.: P01CA44991; CA; NCI

Comment in N Engl J Med. 1993 Oct 21;329(17) 1266-8; Comment in PMID 8413396

Document type: Clinical Trial; Clinical Trial, Phase I; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

BACKGROUND. Radiolabeled monoclonal antibodies recognizing B-lymphocyte surface antigens represent a potentially effective new therapy for lymphomas. We assessed the biodistribution, toxicity, and efficacy of **anti-CD20** (B1 and 1F5) and anti-CD37 (MB-1) antibodies labeled with **iodine-131** in 43 patients with B-cell **lymphoma** in relapse. METHODS. Sequential biodistribution studies were performed with escalating doses of antibody (0.5, 2.5, and 10 mg per kilogram of body weight) trace-labeled with 5 to 10 mCi of 131I. The doses of radiation absorbed by tumors and normal organs were estimated by serial gamma-camera imaging and tumor biopsies. Patients whose tumors were estimated to receive greater doses of radiation than the liver, lungs, or kidneys (i.e., patients with a favorable biodistribution) were eligible for therapeutic infusion of 131I-labeled antibodies according to a phase 1 dose-escalation protocol. RESULTS. Twenty-four patients had a favorable biodistribution, and 19 received therapeutic infusions of 234 to 777 mCi of 131I-labeled antibodies (58 to 1168 mg) followed by autologous marrow reinfusion, resulting in complete remission in 16, a partial response in 2, and a minor response (25 to 50 percent regression of tumor) in 1. Nine patients have remained in continuous complete remission for 3 to 53 months. Toxic effects included myelosuppression, nausea, infections, and two episodes of cardiopulmonary toxicity, and were moderate in patients treated with doses of 131I-labeled antibodies that delivered less than 27.25 Gy to normal organs. CONCLUSIONS. High-dose radioimmunotherapy with 131I-labeled antibodies is associated with a high response rate in patients with B-cell **lymphoma** in whom antibody biodistribution is favorable.

Radiolabeled-antibody therapy of B-cell **lymphoma** with autologous bone marrow support.

Oct 21 **1993**,

... a potentially effective new therapy for lymphomas. We assessed the biodistribution, toxicity, and efficacy of **anti-CD20** (B1 and 1F5) and anti-CD37 (MB-1) antibodies labeled with **iodine-131** in 43 patients with B-cell **lymphoma** in relapse. METHODS. Sequential biodistribution studies were performed with escalating doses of antibody (0.5...

... 131I-labeled antibodies is associated with a high response rate in patients with B-cell **lymphoma** in whom antibody biodistribution is favorable.

Descriptors: Antigens, Neoplasm; *Bone Marrow Transplantation; *Iodine Radioisotopes--administration and dosage--AD; ***Lymphoma**, B-Cell --radiotherapy--RT; ***Lymphoma**, B-Cell--therapy--TH; *Radioimmunother apy...; Combined Modality Therapy; Glycoproteins--immunology--IM; Iodine Radioisotopes--adverse effects--AE; Iodine Radioisotopes--pharmacokinetics --PK; **Lymphoma**, B-Cell--metabolism--ME; **Lymphoma**, B-Cell

--physiopathology--PP; Middle Aged; Remission Induction; Spleen --physiopathology--PP; Transplantation, Autologous

7/3,K,AB/4 (Item 4 from file: 155)
DIALOG(R)File 155:MEDLINE(R)


08217777 PMID: 2666588
Treatment of refractory non-Hodgkin's **lymphoma** with radiolabeled MB-1 (anti-CD37) antibody.
Press O W; Eary J F; Badger C C; Martin P J; Appelbaum F R; Levy R; Miller R; Brown S; Nelp W B; Krohn K A; et al
Department of Medicine (Division of Oncology), Fred Hutchinson Cancer Research Center, University of Washington, Seattle.
Journal of clinical oncology - official journal of the American Society of Clinical Oncology (UNITED STATES) Aug **1989**, 7 (8) p1027-38, ISSN 0732-183X Journal Code: 8309333
Contract/Grant No.: CA15704; CA; NCI; CA18029; CA; NCI; CA44991; CA; NCI; +
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
The biodistribution, toxicity, and therapeutic potential of anti-CD37 monoclonal antibody (MoAb) MB-1 labeled with **iodine 131** (131I) was evaluated in ten patients with advanced-, low- or intermediate-grade non-Hodgkin's lymphomas who failed conventional treatment. Sequential dosimetric studies were performed with escalating amounts of antibody MB-1 (0.5, 2.5, 10 mg/kg) trace-labeled with 5 to 10 mCi 131I. Serial tumor biopsies and gamma camera imaging showed that the 10 mg/kg MoAb dose yielded the best MoAb biodistribution in the ten patients studied. Biodistribution studies in the five patients with splenomegaly and tumor burdens greater than 1 kg indicated that not all tumor sites would receive more radiation than normal organs, and these patients were therefore not treated with high-dose radioimmunotherapy. The other five patients did not have splenomegaly and had tumor burdens less than 0.5 kg; all five patients in this group showed preferential localization and retention of MoAb at tumor sites. Four of these patients have been treated with 131I (232 to 608 mCi) conjugated to anti-CD37 MoAb MB-1, delivering 850 to 4,260 Gy to tumor sites. Each of these four patients attained a complete tumor remission (lasting 4, 6, 11+, and 8+ months). A fifth patient, whose tumor did not express the CD37 antigen, was treated with 131I-labeled **anti-CD20** MoAb 1F5 and achieved a partial response. Myelosuppression occurred 3 to 5 weeks after treatment in all cases, but there were no other significant acute toxicities. Normal B cells were transiently depleted from the bloodstream, but immunoglobulin (Ig) levels were not affected, and no serious infections occurred. Two patients required reinfusion of previously stored autologous, purged bone marrow. Two patients developed asymptomatic hypothyroidism 1 year after therapy. The tolerable toxicity and encouraging efficacy warrant further dose escalation in this phase I trial.
Treatment of refractory non-Hodgkin's **lymphoma** with radiolabeled MB-1 (anti-CD37) antibody.
Aug **1989**,
... biodistribution, toxicity, and therapeutic potential of anti-CD37 monoclonal antibody (MoAb) MB-1 labeled with **iodine 131** (131I) was evaluated in ten patients with advanced-, low- or intermediate-grade non-Hodgkin's...

...fifth patient, whose tumor did not express the CD37 antigen, was treated with 131I-labeled **anti-CD20** MoAb 1F5 and achieved a partial response. Myelosuppression occurred 3 to 5 weeks after treatment...
Descriptors: Antibodies, Monoclonal--therapeutic use--TU; *Iodine Radioisotopes--therapeutic use--TU; ***Lymphoma**, Non-Hodgkin--therapy

--TH...; effects--RE; Bone Marrow Transplantation; Iodine Radioisotopes --administration and dosage--AD; Iodine Radioisotopes--metabolism--ME; **Lymphoma**, Non-Hodgkin--metabolism--ME; **Lymphoma**, Non-Hodgkin --radiotherapy--RT; Middle Aged; Radiotherapy Dosage; Remission Induction; Tissue Preservation

7/3,K,AB/5 (Item 1 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0011313466 BIOSIS NO.: 199800107713
Phase I/II trial of non-myeloablative **iodine-131** anti-B-1 antibody (**anti-CD20**) therapy for relapsed and refractory B-cell non-Hodgkin's **lymphoma** (NHL)
AUTHOR: Shochat D (Reprint); Langecker P J (Reprint); Tidmarsh G F (Reprint); Stagg R J (Reprint); Wahl R L; Kaminski M S
AUTHOR ADDRESS: Coulter Pharmaceutical Inc., Palo Alto, CA 94306, USA**USA
JOURNAL: Tumor Biology 18 (SUPPL. 2): p31 Sept., 1997 **1997**
MEDIUM: print
CONFERENCE/MEETING: Meeting on From Basic Cancer Research to Clinical Application held at the XXVth Anniversary Meeting of the International Society for Oncodevelopmental Biology and Medicine Montreux, Switzerland September 19-24, 1997; 19970919
SPONSOR: International Society for Oncodevelopmental Biology and Medicine
ISSN: 1010-4283
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

Phase I/II trial of non-myeloablative **iodine-131** anti-B-1 antibody (**anti-CD20**) therapy for relapsed and refractory B-cell non-Hodgkin's **lymphoma** (NHL)
**1997**
DESCRIPTORS:
DISEASES: B-cell non-Hodgkin's **lymphoma**--
MESH TERMS: **Lymphoma**, Non-Hodgkin (MeSH)
...METHODS & EQUIPMENT: non-myeloablative **iodine-131**-labeled **anti-CD20** antibody, therapeutic method, phase I/II trial

7/3,K,AB/6 (Item 2 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0011313412 BIOSIS NO.: 199800107659
Radioimmunotherapy of B cell lymphomas with **iodine-131-anti-CD20** antibodies
AUTHOR: Press O (Reprint); Eary J; Martin P; Appelbaum F; Maloney D; Liu S; Nelp W; Matthews D; Fisher D; Bernstein I
AUTHOR ADDRESS: Univ. Washington, Box 356043, Seattle, WA 98195-6043, USA** USA
JOURNAL: Tumor Biology 18 (SUPPL. 2): p4 Sept., 1997 **1997**
MEDIUM: print
CONFERENCE/MEETING: Meeting on From Basic Cancer Research to Clinical Application held at the XXVth Anniversary Meeting of the International Society for Oncodevelopmental Biology and Medicine Montreux, Switzerland September 19-24, 1997; 19970919
SPONSOR: International Society for Oncodevelopmental Biology and Medicine
ISSN: 1010-4283
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

Radioimmunotherapy of B cell lymphomas with **iodine-131-anti-CD20** antibodies
**1997**
DESCRIPTORS:
DISEASES: B-cell **lymphoma**--
MESH TERMS: **Lymphoma**, B-Cell (MeSH)
...METHODS & EQUIPMENT: **iodine-131** labeled **anti-CD20** antibody use, therapeutic method

7/3,K,AB/7 (Item 3 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0011220823 BIOSIS NO.: 199800015070
Randomized controlled study of 131I-Anti-B1 versus unlabeled-anti-B1 monoclonal antibody in patients with chemotherapy refractory low grade non-Hodgkin's **lymphoma**
AUTHOR: Knox Susan J (Reprint); Goris Michael L; Davis Tom A; Trisler Kirk D (Reprint); Saal Jeannette (Reprint); Levy Ronald
AUTHOR ADDRESS: Dep. Radiation Oncology, Stanford Univ. Hosp., Stanford, CA 94305, USA**USA
JOURNAL: International Journal of Radiation Oncology Biology Physics 39 (2 SUPPL.): p326 1997 **1997**
MEDIUM: print
CONFERENCE/MEETING: 39th Annual Meeting of the American Society for Therapeutic Radiology and Oncology Orlando, Florida, USA October 19-23, 1997; 19971019
ISSN: 0360-3016
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

...unlabeled-anti-B1 monoclonal antibody in patients with chemotherapy refractory low grade non-Hodgkin's **lymphoma**
**1997**
DESCRIPTORS:
DISEASES: chemotherapy refractory low grade non-Hodgkin's **lymphoma** --...

...chemotherapy-refractory low-grade B-cell **lymphoma**--
CHEMICALS & BIOCHEMICALS: ...**iodine-131**-labeled anti-B1 monoclonal antibody...

...murine monoclonal **anti-CD20** antibody {anti-B1

7/3,K,AB/8 (Item 4 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0010991947 BIOSIS NO.: 199799626007
Normal organ and tumor dosimetry of I-**131**-anti-B1 (**anti-CD20**) radioimmunotherapy at non-marrow ablative doses
AUTHOR: Zasadbny K R; Gates V L; Francis I; Fisher S; Kaminski M S; Wahl R L
AUTHOR ADDRESS: Univ. Michigan, Ann Arbor, MI, USA**USA
JOURNAL: Journal of Nuclear Medicine 38 (5 SUPPL.): p230P 1997 **1997**
CONFERENCE/MEETING: 44th Annual Meeting of the Society of Nuclear Medicine San Antonio, Texas, USA June 1-5, 1997; 19970601
ISSN: 0161-5505
DOCUMENT TYPE: Meeting; Meeting Abstract; Meeting Poster
RECORD TYPE: Citation
LANGUAGE: English

Normal organ and tumor dosimetry of I-**131**-anti-B1 (**anti-CD20**) radioimmunotherapy at non-marrow ablative doses
**1997**
DESCRIPTORS:
MISCELLANEOUS TERMS: ...**IODINE-131**-ANTI-B1...

...NON-HODGKIN'S **LYMPHOMA**;

7/3,K,AB/9 (Item 5 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0010980096 BIOSIS NO.: 199799614156
Advantage of residualizing radiolabels for an internalizing antibody against the B-cell **lymphoma** antigen, CD22
AUTHOR: Sharkey Robert M; Behr Thomas M; Mattes M Jules; Stein Rhona; Griffiths Gary L; Shih Lisa B; Hansen Hans J; Blumenthal Rosalyn D; Dunn Robert M; Juweid Malik E; Goldenberg David M (Reprint)
AUTHOR ADDRESS: Garden State Cancer Cent., 520 Belleville Avenue, Belleville, NJ 07109, USA**USA
JOURNAL: Cancer Immunology Immunotherapy 44 (3): p179-188 1997 **1997**
ISSN: 0340-7004
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: LL2 is an anti-CD22 pan-B-cell monoclonal antibody which, when radiolabeled, has a high sensitivity for detecting B-cell, non-Hodgkin's **lymphoma** (NHL), as well as an antitumor efficacy in therapeutic applications. The aim of this study was to determine whether intracellularly retained radiolabels have an advantage in the diagnosis and therapy of **lymphoma** with LL2. In vitro studies showed that iodinated LL2 is intracellularly catabolized, with a rapid release of the radioiodine from the cell. In contrast, residualizing radiolabels, such as radioactive metals, are retained intracellularly for substantially longer. In vivo studies were performed using LL2-labeled with radioiodine by a non-residualizing (chloramine-T) or a residualizing method (dilactitol-tyramine, DLT), or with a radioactive metal (111In). The biodistribution of a mixture of 125I (non-residualizing chloramine-T compared to residualizing DLT), 111In-labeled LL2 murine IgG2a or its fragments (F(ab')-2, Fab'), as well as its humanized, CDR-grafted form, was studied in nude mice bearing the RL human B-cell NHL cell line. Radiation doses were calculated from the biodistribution data according to the Medical International Radiation Dose scheme to assess the potential advantage for therapeutic applications. At all assay times, tumor uptake was higher with the residualizing labels (i.e., 111In and DLT-125I) than with the non-residualizing iodine label. For example, tumor/blood ratios of 111In-labeled IgG were 3.2-, 3.5- and 2.8-fold higher than for non-residualizing iodinated IgG on days 3, 7 and 14, respectively. Similar results were obtained for DLT-labeled IgG and fragments with residualized radiolabels. Tumor/organ ratios also were higher with residualizing labels. No significant differences in tumor, blood and organ uptake were observed between murine and humanized LL2. The conventionally iodinated **anti-CD20** antibody, IF5, had tumor uptake values comparable to those of iodinated LL2. the uptake of both antibodies being strongly dependent on tumor size. These data suggest that, with internalizing antibodies such as LL2, labeling with intracellularly retained isotopes has an advantage over released ones, which justifies further clinical trials with residualizing 111In-labeled LL2 for diagnosis, and residualizing 131I and 90Y labels for therapy.

Advantage of residualizing radiolabels for an internalizing antibody against the B-cell **lymphoma** antigen, CD22
**1997**

...ABSTRACT: antibody which, when radiolabeled, has a high sensitivity for detecting B-cell, non-Hodgkin's **lymphoma** (NHL), as well as an antitumor efficacy in therapeutic applications. The aim of this study...

...to determine whether intracellularly retained radiolabels have an advantage in the diagnosis and therapy of **lymphoma** with LL2. In vitro studies showed that iodinated LL2 is intracellularly catabolized, with a rapid...

...tumor, blood and organ uptake were observed between murine and humanized LL2. The conventionally iodinated **anti-CD20** antibody, IF5, had tumor uptake values comparable to those of iodinated LL2. the uptake of...
...REGISTRY NUMBERS: **IODINE-131**;
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: **IODINE-131**;
MISCELLANEOUS TERMS: ...ANTI-CD22 B-CELL **LYMPHOMA** ANTIGEN INTERNALIZING ANTIBODY...

...HUMAN B-CELL **LYMPHOMA** CELL LINE...

...**IODINE-131** RADIOLABEL

7/3,K,AB/10 (Item 6 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0009958883 BIOSIS NO.: 199598426716
Phase II trial of 131I-B1 (**anti-CD20**) antibody therapy with autologous stem cell transplantation for relapsed B cell lymphomas
AUTHOR: Press Oliver W (Reprint); Eary Janet F; Appelbaum Frederick R; Martin Paul J; Nelp Wil B; Glenn Stephan; Fisher Darrell R; Porter Bruce; Matthews Dana C; Gooley Ted; Bernstein Irwin D
AUTHOR ADDRESS: Univ. Wash. Cancer Cent., Mailstop RC08, Seattle, WA 98195, USA**USA
JOURNAL: Lancet (North American Edition) 346 (8971): p336-340 1995
**1995**
ISSN: 0099-5355
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: 25 patients with relapsed B-cell lymphomas were evaluated with trace-labelled doses (2.5 mg/kg, 185-370 MBq (5-10 mCi)) of 131I-labelled **anti-CD20** (B1) antibody in a phase II trial. 22 patients achieved 131I-B1 biodistributions delivering higher doses of radiation to tumour sites than to normal organs and 21 of these were treated with therapeutic infusions of 131I-B1 (12.765-29.045 GBq) followed by autologous hemopoietic stem cell reinfusion. 18 of the 21 treated patients had objective responses, including 16 complete remissions. One patient died of progressive **lymphoma** and one died of sepsis. Analysis of our phase I and II trials with 131I-labelled B1 reveal a progression-free survival of 62% and an overall survival of 93% with a median follow-up of 2 years. 131I-**anti-CD20** (B1) antibody therapy produces complete responses of long duration in most patients with relapsed B-cell lymphomas when given at maximally tolerated doses with autologous stem cell rescue.

Phase II trial of 131I-B1 (**anti-CD20**) antibody therapy with
autologous stem cell transplantation for relapsed B cell lymphomas
**1995**

...ABSTRACT: labelled doses (2.5 mg/kg, 185-370 MBq (5-10 mCi)) of
131I-labelled **anti-CD20** (B1) antibody in a phase II trial. 22
patients achieved 131I-B1 biodistributions delivering higher...

...21 treated patients had objective responses, including 16 complete
remissions. One patient died of progressive **lymphoma** and one died
of sepsis. Analysis of our phase I and II trials with 131I...
...and an overall survival of 93% with a median follow-up of 2 years. 131I-
**anti-CD20** (B1) antibody therapy produces complete responses
of long duration in most patients with relapsed B...
...REGISTRY NUMBERS: **IODINE-131**
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: **IODINE-131**
MISCELLANEOUS TERMS: ...**IODINE-131** B1 ANTIBODY

7/3,K,AB/11 (Item 7 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0009506493 BIOSIS NO.: 199497527778
Radioimmunotherapy of refractory B-cell **lymphoma** with **131**
-I-anti-B1 (**anti-CD20**) antibody
AUTHOR: Kaminski M S (Reprint); Fenner M; Zasadny K R; Milik A W (Reprint);
Ross C W; Francis I R; Burgess J; Estes J; Crawford S
AUTHOR ADDRESS: Univ. Michigan, Ann Arbor, MI, USA**USA
JOURNAL: Clinical Research 42 (3): p405A 1994 **1994**
CONFERENCE/MEETING: Combined Annual Meeting of the Central Society for
Clinical Research, American Federation for Clinical Research, Midwest
Section, Midwest Society for Pediatric Research, Society for Investigative
Dermatology, Central Region, and the Midwest Society of General Internal
Medicine Chicago, Illinois, USA September 16-18, 1994; 19940916
ISSN: 0009-9279
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

Radioimmunotherapy of refractory B-cell **lymphoma** with **131**
-I-anti-B1 (**anti-CD20**) antibody
**1994**

7/3,K,AB/12 (Item 8 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0009085885 BIOSIS NO.: 199497107170
Updated results of a phase I trial of **131**-I-anti-B1 (**anti-**
**CD20**) radioimmunotherapy (RIT) for refractory B-cell **lymphoma**
AUTHOR: Kaminski M S (Reprint); Zasadny K R; Milik A W; Ross C W; Francis I
R; Burgess J; Crawford S
AUTHOR ADDRESS: Univ. Mich. Med. Cent., Ann Arbor, MI, USA**USA
JOURNAL: Blood 82 (10 SUPPL. 1): p332A 1993 **1993**
CONFERENCE/MEETING: Thirty-fifth Annual Meeting of the American Society of
Hematology St. Louis, Missouri, USA December 3-7, 1993; 19931203
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

Updated results of a phase I trial of **131**-I-anti-B1 (**anti-CD20**) radioimmunotherapy (RIT) for refractory B-cell **lymphoma**
**1993**
...REGISTRY NUMBERS: **IODINE-131**
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: **IODINE-131**
MISCELLANEOUS TERMS: ...**IODINE-131**;

7/3,K,AB/13 (Item 9 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0008937493 BIOSIS NO.: 199396101909
Radioimmunotherapy of B-cell **lymphoma** with **iodine-131** anti-B1 (**anti-CD20**) antibody
AUTHOR: Kaminski Mark S (Reprint); Zasadny Kenneth R; Francis Isaac R; Milik Adam W; Ross Charles W; Moon Scott D; Crawford Shelley M; Burgess Jeanne M; Petry Neil A
AUTHOR ADDRESS: Div. Hematol./Oncol., Dep. Intern. Med., Univ. Mich. Med. Cent., 102 Observatory St., Ann Arbor, MI 48109-0724, USA**USA
JOURNAL: New England Journal of Medicine 329 (7): p459-465 **1993**
ISSN: 0028-4793
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Background: Many patients with non-Hodgkin's lymphomas are not cured by current therapies, and new approaches to treatment are needed. As part of an ongoing phase 1 study, we examined the effect of radioimmunotherapy with **131**-I-labeled B-cell-specific **anti-CD20** monoclonal antibody in 10 patients with CD20-positive B-cell lymphomas in whom primary chemotherapy had failed. Methods and Results: Anti-B1 (**anti-CD20**) mouse monoclonal antibody trace-labeled with 131I (15 mg containing 5 mCi) was given intravenously at approximately one-week intervals: first, without pretreatment with unlabeled anti-B1 antibody, to all 10 patients; then, with pretreatment with 135 mg of unlabeled antibody, to 8 patients; and then, with pretreatment with 685 mg, to 2 patients. Serial quantitative gamma-camera images and measures of whole-body radioactivity were obtained after each tracer dose. All known disease sites larger than 2 cm could be imaged. The effect of a pretreatment dose of unlabeled anti-B1 antibody on targeting of the tumor with the radiolabeled antibody was variable. The pretreatment dose of unlabeled antibody that produced the highest ratio of the tumor dose to the whole-body dose in tracer studies was then used to deliver higher doses of radioactivity for radioimmunotherapy in nine patients. Three patients received doses designed to deliver 25 cGy to the whole body (two patients treated twice, six to eight weeks apart), four patients received 35 cGy (one patient treated twice), and two patients received 45 cGy (one patient treated twice); each dose contained 34 to 66 mCi of activity. Six of the nine treated patients had tumor responses, including patients with bulky or chemotherapy-resistant disease: four patients had complete remissions, and two had partial responses. Three patients had objective responses to tracer infusions before they received radioimmunotherapeutic doses. Of the four patients with complete remissions, one remained in remission for eight months and the other three continue to have no disease progression (for 11, 9, and 8 months). There was mild or no myelosuppression. Conclusions: Radioimmunotherapy with (131I)anti-B1 antibody is a promising new treatment for **lymphoma**.

Radioimmunotherapy of B-cell **lymphoma** with **iodine-131** anti-B1 (**anti-CD20**) antibody

1993

...ABSTRACT: As part of an ongoing phase 1 study, we examined the effect of radioimmunotherapy with **131**-I-labeled B-cell-specific **anti-CD20** monoclonal antibody in 10 patients with CD20-positive B-cell lymphomas in whom primary chemotherapy had failed. Methods and Results: Anti-B1 (**anti-CD20**) mouse monoclonal antibody trace-labeled with 131I (15 mg containing 5 mCi) was given intravenously...

...no myelosuppression. Conclusions: Radioimmunotherapy with (131I)anti-B1 antibody is a promising new treatment for **lymphoma**.
...REGISTRY NUMBERS: **IODINE-131**
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: **IODINE-131**

7/3,K,AB/14 (Item 10 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0008750342 BIOSIS NO.: 199395052608
Therapy with unlabeled and **iodine-131**-labeled pan-B-cell monoclonal antibodies in nude mice bearing Raji Burkitt's **lymphoma** xenografts
AUTHOR: Buchsbaum Donald J (Reprint); Wahl Richard L; Normolle Daniel P; Kaminski Mark S
AUTHOR ADDRESS: Dep. Radiation Oncol., Univ. Ala. at Birmingham, 619 South 19th St., Birmingham, Ala. 35233-6832, USA**USA
JOURNAL: Cancer Research 52 (23): p6476-6481 **1992**
ISSN: 0008-5472
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Clinical trials of radioimmunotherapy (RIT) of **lymphoma** have produced frequent tumor regressions and remissions, but it has been difficult to determine to what extent these tumor responses have been due to antibody-specific targeted radiation, nontargeted radiation, and/or cytotoxicity mediated by the carrier monoclonal antibody (MoAb). In this report, RIT was studied in athymic nude mice bearing s.c. Raji human Burkitt's **lymphoma** xenografts using two different pan-B-cell MoAbs, MB-1 (anti-CD37) and anti-B1 (**anti-CD20**), which differ in isotype (and thus the potential for interaction with host effector mechanisms) and isotype-matched control antibodies either in the unlabeled state or labeled with 131I. When a single i.p. injection of 300 mu-Ci 131I-labeled MB-1 (IgG1) was compared to treatment with unlabeled MB-1 or 300 mu-Ci 131I-labeled MYS control IgG1 MoAb, an antibody-specific targeted radiation effect of RIT was seen. 131I-labeled MB-1 produced a 44 +- 19% (SEM) reduction in tumor size at 3 weeks posttreatment, while unlabeled MB-1 or 300 mu-Ci 131I-labeled MYS control IgG1 antibody treatment resulted in continued tumor growth over this period of time. In vitro studies demonstrated that MB-1 was incapable of mediating antibody-dependent cellular cytotoxicity using Raji tumor cell targets and human peripheral blood mononuclear cells. Similar to the MB-1 studies, treatment with 300 mu-Ci 131I-labeled anti-B1 produced a 64% reduction in mean tumor size, while 300 mu-Ci of control antibody resulted in a 58% increase in tumor size over the same 3-week period. In contrast to MB-1, however, unlabeled anti-B1 (an IgG2a MoAb which in vitro studies showed to be capable of antibody-dependent cellular cytotoxicity) also had a substantial antitumor effect. Indeed, 300 mu-Ci 131I-labeled anti-B1 and unlabeled anti-B1 treatment (using an equivalent amount of total protein in the treatment dose) produced a similar specific reduction in tumor size. Increasing the radionuclide dose of anti-B1 to 450 mu-Ci in another experiment did not produce a significant

difference in tumor regression compared to a 300-mu-Ci dose. These results suggest that the antitumor effects of 131I-labeled anti-B1 treatment were dominated by antibody-mediated cytotoxicity mechanisms, such that an antibody-specific targeted radiation effect could not be distinguished. In contrast, antibody-specific targeting of radiation was the dominant mechanism of tumor killing with 131I-labeled MB-1. These results underscore the importance of investigating non-radiation-related antibody effects as well as radiation effects in ongoing **lymphoma** RIT trials with pan-B-cell antibodies.

Therapy with unlabeled and **iodine-131**-labeled pan-B-cell monoclonal antibodies in nude mice bearing Raji Burkitt's **lymphoma** xenografts
**1992**

ABSTRACT: Clinical trials of radioimmunotherapy (RIT) of **lymphoma** have produced frequent tumor regressions and remissions, but it has been difficult to determine to...

...report, RIT was studied in athymic nude mice bearing s.c. Raji human Burkitt's **lymphoma** xenografts using two different pan-B-cell MoAbs, MB-1 (anti-CD37) and anti-B1 (**anti-CD20**), which differ in isotype (and thus the potential for interaction with host effector mechanisms) and...

...importance of investigating non-radiation-related antibody effects as well as radiation effects in ongoing **lymphoma** RIT trials with pan-B-cell antibodies.
...REGISTRY NUMBERS: **IODINE-131**
DESCRIPTORS:
CHEMICALS & BIOCHEMICALS: **IODINE-131**

7/3,K,AB/15 (Item 1 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci


06191514 Genuine Article#: YA581 Number of References: 24
Title: IDEC-C2B8: Results of a phase I multiple-dose trial in patients with relapsed non-Hodgkin's **lymphoma** (ABSTRACT AVAILABLE)
Author(s): Maloney DG (REPRINT) ; GrilloLopez AJ; Bodkin DJ; White CA; Liles TM; Royston I; Varns C; Rosenberg J; Levy R
Corporate Source: FRED HUTCHINSON CANC RES CTR,M385, 1124 COLUMBIA ST/SEATTLE//WA/98104 (REPRINT); STANFORD UNIV,DEPT MED, DIV ONCOL/STANFORD//CA/94305; IDEC PHARMACEUT CORP,SYDNEY KIMMEL CANC CTR/SAN DIEGO//CA/; SCRIPPS CLIN & HOSP,/SAN DIEGO//CA/
Journal: JOURNAL OF CLINICAL ONCOLOGY, **1997**, V15, N10 (OCT), P 3266-3274
ISSN: 0732-183X Publication date: 19971000
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399
Language: English Document Type: ARTICLE
Abstract: Purpose: To evaluate the safety, pharmacokinetics, and biologic effect of multiple doses of the chimeric anti-CD20 monoclonal antibody (mAb) IDEC-C2B8 in patients with relapsed B-cell **lymphoma**.

Patients and Methods: Twenty patients with relapsed low-grade (n = 15) or intermediate-/high-grade (n = 5) **lymphoma** received weekly infusions times four of 125 mg/m(2) (n = 3), 250 mg/m(2) (n = 7), or 375 mg/m(2) (n = 10) of IDEC-C2B8.

Results: Infusional side effects during the initial infusion were mainly grade I/II fever, asthenia, chills, nausea, rash, and urticaria.

More serious events were rare, Peripheral-blood B cells were rapidly depleted and slowly recovered over 3 to 6 months. There was no change in mean immunoglobulin (Ig) levels, Antibody serum half life (and maximum concentration [C-max]) generally increased between the first and fourth infusions (33.2 hours v 76.6 hours, respectively) following the 375-mg/m(2) doses. Six of 18 assessable patients had a partial remission (PR), with a median time to disease progression of 6.4 months (range, 3 to 21.7). Minor responses (MRs) were observed in five patients and progressive disease (PD) in seven, Tumor responses occurred in peripheral blood, bone marrow (BM), spleen, bulky lymph nodes, and extranodal sites, and in patients who had relapsed following high dose myeloablative chemotherapy. Six of 14 patients (40%) with a low-grade histology responded, Four of six with bulky disease had a PR.

Conclusion: IDEC-C2B8 chimeric **anti-CD20** mAb therapy is well tolerated and has clinical activity in patients with relapsed B-cell **lymphoma**. The 375-mg/m(2) dose has been selected for a phase II trial in patients with relapsed low-grade or follicular B-cell **lymphoma**. (C) 1997 by American Society of Clinical Oncology.

...Title: Results of a phase I multiple-dose trial in patients with relapsed non-Hodgkin's **lymphoma**
, **1997**
...Abstract: the chimeric anti-CD20 monoclonal antibody (mAb) IDEC-C2B8 in patients with relapsed B-cell **lymphoma**.

Patients and Methods: Twenty patients with relapsed low-grade (n = 15) or intermediate-/high-grade (n = 5) **lymphoma** received weekly infusions times four of 125 mg/m(2) (n = 3), 250 mg/m...

...histology responded, Four of six with bulky disease had a PR.

Conclusion: IDEC-C2B8 chimeric **anti-CD20** mAb therapy is well tolerated and has clinical activity in patients with relapsed B-cell **lymphoma**. The 375-mg/m(2) dose has been selected for a phase II trial in patients with relapsed low-grade or follicular B-cell **lymphoma**. (C) 1997 by American Society of Clinical Oncology.
...Identifiers--B-CELL **LYMPHOMA**; MONOCLONAL-ANTIBODY; **ANTI-CD20** ANTIBODY; CYCLE PROGRESSION; CD20; ACTIVATION; LYMPHOCYTES; ANTIGEN; THERAPY; I-**131**
...Research Fronts: TC-99M-LABELED LL2 MONOCLONAL-ANTIBODY FRAGMENT; PHASE-I RADIOIMMUNOTHERAPY TRIAL; B-CELL NON-HODGKINS-**LYMPHOMA**; HIGH-DOSE THERAPY; TUMOR IMAGING)

7/3,K,AB/16 (Item 2 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci


06122225 Genuine Article#: XW306 Number of References: 35
Title: IDEC-C2B8 (Rituximab) **anti-CD20** monoclonal antibody therapy in patients with relapsed low-grade non-Hodgkin's **lymphoma** (ABSTRACT AVAILABLE)
Author(s): Maloney DG (REPRINT) ; GrilloLopez AJ; White CA; Bodkin D; Schilder RJ; Neidhart JA; Janakiraman N; Foon KA; Liles TM; Dallaire BK ; Wey K; Royston I; Davis T; Levy R
Corporate Source: FRED HUTCHINSON CANC RES CTR,M385, 1124 COLUMBIA ST/SEATTLE//WA/98104 (REPRINT); STANFORD UNIV,DEPT MED, DIV ONCOL/STANFORD//CA/94305; SCRIPPS CLIN & HOSP,SAN DIEGO REG CANC CTR/SAN DIEGO//CA/; IDEC PHARMACEUT CORP,/SAN DIEGO//CA/; FOX CHASE CANC CTR,/PHILADELPHIA//PA/19111; UNIV NEW MEXICO,CTR CANC/ALBUQUERQUE//NM/87131; HENRY FORD HOSP,/DETROIT//MI/48202; UNIV KENTUCKY,MED CTR/LEXINGTON//KY/
Journal: BLOOD, **1997**, V90, N6 (SEP 15), P2188-2195

ISSN: 0006-4971 Publication date: 19970915
Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399
Language: English Document Type: ARTICLE
Abstract: IDEC-C2B8 is a chimeric monoclonal antibody (MoAb) directed against the B-cell-specific antigen CD20 expressed on non-Hodgkin's lymphomas (NHL). The MoAb mediates complement and antibody-dependent cell-mediated cytotoxicity and has direct antiproliferative effects against malignant B-cell lines in vitro. Phase I trials of single doses up to 500 mg/m(2) and 4 weekly doses of 375 mg/m(2) showed clinical responses with no dose-limiting toxicity. We conducted a phase II, multicenter study evaluating four weekly infusions of 375 mg/m(2) IDEC-C2B8 in patients with relapsed low-grade or follicular NHL (Working Formulation groups A-D). Patients were monitored for adverse events, antibody pharmacokinetics, and clinical response, Thirty-seven patients with a median age of 58 years (range, 29 to 81 years) were treated, All patients had relapsed after chemotherapy (median of 2 prior regimens) and 54% had failed aggressive chemotherapy. Infusional side effects (grade 1-2) consisting of mild fever, chills, respiratory symptoms, and occasionally hypotension were observed mostly with the initial antibody infusion and were rare with subsequent doses. Peripheral blood B-cell depletion occurred rapidly, with recovery beginning 6 months posttreatment. There were no significant changes in mean IgG levels and infections were not increased over what would be expected in this population. Clinical remissions were observed in 17 patients (3 complete remissions and 14 partial remissions), yielding an intent to treat response rate of 46%. The onset of these tumor responses was as soon as 1 month posttreatment and reached a maximum by 4 months posttreatment. In the 17 responders, the median time to progression was 10.2 months (5 patients exceeding 20 months). Likelihood of tumor response was associated with a follicular histology, with the ability to sustain a high serum level of antibody after the first infusion, and with a longer duration of remission to prior chemotherapy, One patient developed a detectable but not quantifiable immune response to the antibody that had no clinical significance. IDEC-C2B8 in a dose of 375 mg/m(2) weekly for 4 weeks has antitumor activity in patients with relapsed low-grade or follicular NHL. Results with this brief, outpatient treatment compare favorably with results with standard chemotherapy, and IDEC-C2B8 has a better safety profile. Further studies evaluating IDEC-C2B8 in other types of **lymphoma** either alone or combined with chemotherapy are warranted. (C) 1997 by The American Society of Hematology.

Title: IDEC-C2B8 (Rituximab) **anti-CD20** monoclonal antibody therapy in patients with relapsed low-grade non-Hodgkin's **lymphoma**
, **1997**
...Abstract: C2B8 has a better safety profile. Further studies evaluating IDEC-C2B8 in other types of **lymphoma** either alone or combined with chemotherapy are warranted. (C) 1997 by The American Society of...
...Identifiers--B-CELL **LYMPHOMA**; A CHAIN IMMUNOTOXIN; PHASE-II TRIAL; CONTINUOUS-INFUSION; CYCLE PROGRESSION; CLINICAL-TRIAL; I-**131**; 2-CHLORODEOXYADENOSINE; RADIOIMMUNOTHERAPY; TRANSPLANTATION
...Research Fronts: TC-99M-LABELED LL2 MONOCLONAL-ANTIBODY FRAGMENT; PHASE-I RADIOIMMUNOTHERAPY TRIAL; B-CELL NON-HODGKINS-**LYMPHOMA**; HIGH-DOSE THERAPY; TUMOR IMAGING)

7/3,K,AB/17 (Item 3 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci


06016389 Genuine Article#: XP443 Number of References: 50
Title: Treatment-related parameters predicting efficacy of Lym-1

radioimmunotherapy in patients with B-lymphocytic malignancies ( ABSTRACT AVAILABLE)
Author(s): Lamborn KR; DeNardo GL (REPRINT) ; DeNardo SJ; Goldstein DS; Shen S; Larkin EC; Kroger LA
Corporate Source: MOL CANC INST,1508 ALHAMBRA BLVD, ROOM 214/SACRAMENTO//CA/95816 (REPRINT); UNIV CALIF SAN FRANCISCO,MED CTR, DEPT NEUROL SURG, BRAIN TUMOR RES CTR/SAN FRANCISCO//CA/94143; UNIV CALIF DAVIS,MED CTR, DEPT INTERNAL MED/SACRAMENTO//CA/95817; UNIV CALIF DAVIS,MED CTR, DEPT PATHOL/SACRAMENTO//CA/95817
Journal: CLINICAL CANCER RESEARCH, **1997**, V3, N8 (AUG), P1253-1260
ISSN: 1078-0432 Publication date: 19970800
Publisher: AMER ASSOC CANCER RESEARCH, PUBLIC LEDGER BLDG, SUITE 816, 150 S. INDEPENDENCE MALL W., PHILADELPHIA, PA 19106
Language: English Document Type: ARTICLE
Abstract: This study was designed to evaluate dosimetric, pharmacokinetic, and other treatment-related parameters as predictors of outcome in patients with advanced B-lymphocytic malignancies, Fifty-seven patients were treated with radiolabeled Lym-1 antibody in early phase trials between 1985 and 1994. Logistic regression and proportional hazards models were used to evaluate treatment parameters for their ability to predict outcome, taking into account patient risk group based on Karnofsky performance status and serum lactic dehydrogenase. The occurrence of a partial or complete response (31 of 57 patients) and development of human antimouse antibody (HAMA) predicted improved survival using a time-dependent proportional hazards model, The final multivariate model for survival with parameters significant at P less than or equal to 0.05 included overall response and pretreatment risk group, Although some of the dosimetric and pharmacokinetic parameters were predictive in univariate analyses, only longer half-time of radionuclide in the blood showed any indication of improved prediction beyond that provided by the lactic dehydrogenase/Karnofsky performance status-based risk groups, Splenic volume, splenectomy, and malignant tissue Lym-1 reactivity were not contributory, In this patient group, the effect of radiolabeled Lym-1 treatment as indicated by measurable tumor response was associated with improved survival, Development of HAMA was also associated with improved survival, indicating that concern about HAMA should not preclude exploration of radioimmunotherapy. Although dosimetry has a role in determining safety based on dose to normal organs, when adjusted for baseline clinical features, dosimetric and pharmacokinetic parameters showed limited ability to improve outcome prediction.
, **1997**
...Identifiers--NON-HODGKINS-**LYMPHOMA**; LARGE-CELL **LYMPHOMA**; MONOCLONAL-ANTIBODIES; PROGNOSTIC FACTORS; **ANTI-CD20** ANTIBODY; I-**131** LYM-1; M-BACOD; THERAPY; CHEMOTHERAPY; MARROW
...Research Fronts: TC-99M-LABELED LL2 MONOCLONAL-ANTIBODY FRAGMENT; PHASE-I RADIOIMMUNOTHERAPY TRIAL; B-CELL NON-HODGKINS-**LYMPHOMA**; HIGH-DOSE THERAPY; TUMOR IMAGING)
95-1213 001 (AUTOLOGOUS BONE-MARROW TRANSPLANTATION; HIGH-GRADE NON-HODGKINS-**LYMPHOMA**; CHOP CHEMOTHERAPY; SALVAGE THERAPY)

7/3,K,AB/18 (Item 4 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci


04181586 Genuine Article#: RM713 Number of References: 35
Title: PHASE-II TRIAL OF I-**131** B1 (**ANTI-CD20**) ANTIBODY THERAPY WITH AUTOLOGOUS STEM-CELL TRANSPLANTATION FOR RELAPSED B-CELL LYMPHOMAS (Abstract Available)
Author(s): PRESS OW; EARY JF; APPELBAUM FR; MARTIN PJ; NELP WB; GLENN S; FISHER DR; PORTER B; MATTHEWS DC; GOOLEY T; BERNSTEIN ID
Corporate Source: UNIV WASHINGTON,CTR CANC,DEPT MED,MAILSTOP RC08/SEATTLE//WA/98195; UNIV WASHINGTON,DEPT PEDIAT/SEATTLE//WA/98195;

UNIV WASHINGTON,DEPT RADIOL/SEATTLE//WA/98195; UNIV WASHINGTON,DEPT BIOL STRUCT/SEATTLE//WA/98195; UNIV WASHINGTON,DEPT BIOSTAT/SEATTLE//WA/98195; FRED HUTCHINSON CANC RES CTR/SEATTLE//WA/00000; COULTER CORP/SEATTLE//WA/00000; FIRST HILL DIAGNOST IMAGING/SEATTLE//WA/00000; BATTELLE MEM INST,PACIFIC NW LABS/RICHLAND//WA/99352

Journal: LANCET, **1995**, V346, N8971 (AUG 5), P336-340
ISSN: 0140-6736
Language: ENGLISH  Document Type: ARTICLE

Abstract: 25 patients with relapsed B-cell lymphomas were evaluated with trace-labelled doses (2.5 mg/kg, 185-370 MBq [5-10 mCi]) of I-**131**-labelled **anti-CD20** (B1) antibody in a phase II trial. 22 patients achieved I-**131**-B1 biodistributions delivering higher doses of radiation to tumour sites than to normal organs and 21 of these were treated with therapeutic infusions of I-**131**-B1 (12.765-29.045 GBq) followed by autologous haemopoietic stem cell reinfusion. 18 of the 21 treated patients had objective responses, including 16 complete remissions. One patient died of progressive **lymphoma** and one died of sepsis. Analysis of our phase I and II trials with I-**131**-labelled B1 reveal a progression-free survival of 62% and an overall survival of 93% with a median follow-up of 2 years. I-**131**-**anti-CD20** (B1) antibody therapy produces complete responses of long duration in most patients with relapsed B-cell lymphomas when given at maximally tolerated doses with autologous stem cell rescue.

Title: PHASE-II TRIAL OF I-**131** B1 (**ANTI-CD20**) ANTIBODY THERAPY WITH AUTOLOGOUS STEM-CELL TRANSPLANTATION FOR RELAPSED B-CELL LYMPHOMAS
, **1995**

...Abstract: trace-labelled doses (2.5 mg/kg, 185-370 MBq [5-10 mCi]) of I-**131**-labelled **anti-CD20** (B1) antibody in a phase II trial. 22 patients achieved I-**131**-B1 biodistributions delivering higher doses of radiation to tumour sites than to normal organs and 21 of these were treated with therapeutic infusions of I-**131**-B1 (12.765-29.045 GBq) followed by autologous haemopoietic stem cell reinfusion. 18 of...

...21 treated patients had objective responses, including 16 complete remissions. One patient died of progressive **lymphoma** and one died of sepsis. Analysis of our phase I and II trials with I-**131**-labelled B1 reveal a progression-free survival of 62% and an overall survival of 93% with a median follow-up of 2 years. I-**131**-**anti-CD20** (B1) antibody therapy produces complete responses of long duration in most patients with relapsed B...

...Identifiers--NON-HODGKINS-**LYMPHOMA**; BONE-MARROW TRANSPLANTATION; RADIOLABELED MONOCLONAL-ANTIBODIES; MALIGNANT-**LYMPHOMA**; DISEASE; RADIOIMMUNOTHERAPY; DOSIMETRY; TOXICITY; OKB7
Research Fronts: 93-1126 002  (AUTOLOGOUS BONE-MARROW TRANSPLANTATION; HIGH-GRADE NON-HODGKINS-**LYMPHOMA**; HEMATOPOIETIC STEM-CELL RESCUE)
93-5947 002  (RADIOIMMUNOTHERAPY OF B-CELL **LYMPHOMA**; MONOCLONAL-ANTIBODY THERAPY; BONE-MARROW DOSIMETRY; PHASE-I TRIAL; LIVER METASTASES; SUBCUTANEOUS TUMORS)
93-2086...

7/3,K,AB/19  (Item 5 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci


03919459  Genuine Article#: QR532  Number of References: 0
Title: RADIOIMMUNOTHERAPY OF CUTANEOUS B-CELL **LYMPHOMA** WITH [I-**131**] ANTI-B1 (**ANTI-CD20**) ANTIBODY INDUCES A NOVEL CUTANEOUS REACTION PATTERN ASSOCIATED WITH COMPLETE REMISSION OF

CUTANEOUS DISEASE
Author(s): STEVENS SR; COOPER KD; WAHL RL; ROSS CW; SINGLETON TP; KAMINSKI MS
Corporate Source: UNIV MICHIGAN,DEPT DERMATOL/ANN ARBOR//MI/48109; UNIV MICHIGAN,DEPT MED/ANN ARBOR//MI/48109
Journal: JOURNAL OF INVESTIGATIVE DERMATOLOGY, **1995**, V104, N4 (APR)
, P563
ISSN: 0022-202X
Language: ENGLISH  Document Type: MEETING ABSTRACT

Title: RADIOIMMUNOTHERAPY OF CUTANEOUS B-CELL **LYMPHOMA** WITH [I-**131**] ANTI-B1 (**ANTI**-**CD20**) ANTIBODY INDUCES A NOVEL CUTANEOUS REACTION PATTERN ASSOCIATED WITH COMPLETE REMISSION OF CUTANEOUS DISEASE
, **1995**
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s rituximab or (chimeric(5n)CD20)
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           69634  CHIMERIC
           10722  CD20
             645  CHIMERIC(5N)CD20
      S1    4859  RITUXIMAB OR (CHIMERIC(5N)CD20)
? s lymphoma
      S2  236907  LYMPHOMA
? s s1 and s2
            4859  S1
          236907  S2
      S3    3121  S1 AND S2
? s response??
      S4 3426767  RESPONSE??
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            3121  S3
         3426767  S4
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      S6      11  S5 AND PY<1998
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 7/3,K,AB/1     (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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13640886   PMID: 9336364
  IDEC-C2B8: results of a phase I multiple-dose trial in patients with
relapsed non-Hodgkin's lymphoma.
  Maloney D G; Grillo-Lopez A J; Bodkin D J; White C A; Liles T M; Royston
I; Varns C; Rosenberg J; Levy R
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ISSN 0732-183X  Journal Code: 8309333
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Comment in J Clin Oncol. 1998 Dec;16(12):3916; Comment in PMID 9850038
  Document type: Clinical Trial; Clinical Trial, Phase I; Controlled
Clinical Trial; Journal Article
  Languages: ENGLISH
  Main Citation Owner: NLM
  Record type: Completed
  PURPOSE: To evaluate the safety, pharmacokinetics, and biologic effect of
multiple doses of the chimeric anti-CD20 monoclonal antibody
(mAb) IDEC-C2B8 in patients with relapsed B-cell lymphoma. PATIENTS
AND METHODS: Twenty patients with relapsed low-grade (n = 15) or
intermediate-/high-grade (n = 5) lymphoma received weekly infusions
times four of 125 mg/m2 (n = 3), 250 mg/m2 (n = 7), or 375 mg/m2 (n = 10)
of IDEC-C2B8. RESULTS: Infusional side effects during the initial infusion
were mainly grade I/II fever, asthenia, chills, nausea, rash, and
urticaria. More serious events were rare. Peripheral-blood B cells were
rapidly depleted and slowly recovered over 3 to 6 months. There was no
change in mean immunoglobulin (Ig) levels. Antibody serum half-life (and
maximum concentration [Cmax]) generally increased between the first and
fourth infusions (33.2 hours v 76.6 hours, respectively) following the
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375-mg/m2 doses. Six of 18 assessable patients had a partial remission (PR), with a median time to disease progression of 6.4 months (range, 3 to 21.7). Minor **responses** (MRs) were observed in five patients and progressive disease (PD) in seven. Tumor **responses** occurred in peripheral blood, bone marrow (BM), spleen, bulky lymph nodes, and extranodal sites, and in patients who had relapsed following high-dose myeloablative chemotherapy. Six of 14 patients (40%) with a low-grade histology responded. Four of six with bulky disease had a PR. CONCLUSION: IDEC-C2B8 **chimeric** anti-**CD20** mAb therapy is well tolerated and has clinical activity in patients with relapsed B-cell **lymphoma**. The 375-mg/m2 dose has been selected for a phase II trial in patients with relapsed low-grade or follicular B-cell **lymphoma**.

... results of a phase I multiple-dose trial in patients with relapsed non-Hodgkin's **lymphoma**.
Oct **1997**,
PURPOSE: To evaluate the safety, pharmacokinetics, and biologic effect of multiple doses of the **chimeric** anti-**CD20** monoclonal antibody (mAb) IDEC-C2B8 in patients with relapsed B-cell **lymphoma**. PATIENTS AND METHODS: Twenty patients with relapsed low-grade (n = 15) or intermediate-/high-grade (n = 5) **lymphoma** received weekly infusions times four of 125 mg/m2 (n = 3), 250 mg/m2 (n...

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Descriptors: Antibodies, Monoclonal--administration and dosage--AD; * **Lymphoma**, B-Cell--therapy--TH...; pharmacokinetics--PK; Disease Progression; Drug Administration Schedule; Immunoglobulins--analysis--AN; Immunotherapy; Infusions, Intravenous; Lymphocyte Subsets; **Lymphoma**, B-Cell--immunology--IM; Middle Aged; Recurrence
Chemical Name: Antibodies, Monoclonal; Immunoglobulins; **rituximab**

7/3,K,AB/2 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)


13621478 PMID: 9310469
IDEC-C2B8 (**Rituximab** ) anti-CD20 monoclonal antibody therapy in patients with relapsed low-grade non-Hodgkin's **lymphoma**.
Maloney D G; Grillo-Lopez A J; White C A; Bodkin D; Schilder R J; Neidhart J A; Janakiraman N; Foon K A; Liles T M; Dallaire B K; Wey K; Royston I; Davis T; Levy R
Department of Medicine, Stanford University, CA, USA.
Blood (UNITED STATES) Sep 15 **1997**, 90 (6) p2188-95, ISSN 0006-4971 Journal Code: 7603509
Document type: Clinical Trial; Clinical Trial, Phase II; Journal Article; Multicenter Study
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
IDEC-C2B8 is a chimeric monoclonal antibody (MoAb) directed against the B-cell-specific antigen CD20 expressed on non-Hodgkin's lymphomas (NHL). The MoAb mediates complement and antibody-dependent cell-mediated cytotoxicity and has direct antiproliferative effects against malignant B-cell lines in vitro. Phase I trials of single doses up to 500 mg/m2 and 4

weekly doses of 375 mg/m2 showed clinical **responses** with no dose-limiting toxicity. We conducted a phase II, multicenter study evaluating four weekly infusions of 375 mg/m2 IDEC-C2B8 in patients with relapsed low-grade or follicular NHL (Working Formulation groups A-D). Patients were monitored for adverse events, antibody pharmacokinetics, and clinical **response** . Thirty-seven patients with a median age of 58 years (range, 29 to 81 years) were treated. All patients had relapsed after chemotherapy (median of 2 prior regimens) and 54% had failed aggressive chemotherapy. Infusional side effects (grade 1-2) consisting of mild fever, chills, respiratory symptoms, and occasionally hypotension were observed mostly with the initial antibody infusion and were rare with subsequent doses. Peripheral blood B-cell depletion occurred rapidly, with recovery beginning 6 months posttreatment. There were no significant changes in mean IgG levels and infections were not increased over what would be expected in this population. Clinical remissions were observed in 17 patients (3 complete remissions and 14 partial remissions), yielding an intent to treat **response** rate of 46%. The onset of these tumor **responses** was as soon as 1 month posttreatment and reached a maximum by 4 months posttreatment. In the 17 responders, the median time to progression was 10.2 months (5 patients exceeding 20 months). Likelihood of tumor **response** was associated with a follicular histology, with the ability to sustain a high serum level of antibody after the first infusion, and with a longer duration of remission to prior chemotherapy. One patient developed a detectable but not quantifiable immune **response** to the antibody that had no clinical significance. IDEC-C2B8 in a dose of 375 mg/m2 weekly for 4 weeks has antitumor activity in patients with relapsed low-grade or follicular NHL. Results with this brief, outpatient treatment compare favorably with results with standard chemotherapy, and IDEC-C2B8 has a better safety profile. Further studies evaluating IDEC-C2B8 in other types of **lymphoma** either alone or combined with chemotherapy are warranted.

IDEC-C2B8 (**Rituximab** ) anti-CD20 monoclonal antibody therapy in patients with relapsed low-grade non-Hodgkin's **lymphoma**.
Sep 15 **1997**,
...up to 500 mg/m2 and 4 weekly doses of 375 mg/m2 showed clinical **responses** with no dose-limiting toxicity. We conducted a phase II, multicenter study evaluating four weekly...

... Working Formulation groups A-D). Patients were monitored for adverse events, antibody pharmacokinetics, and clinical **response** . Thirty-seven patients with a median age of 58 years (range, 29 to 81 years ...

... in 17 patients (3 complete remissions and 14 partial remissions), yielding an intent to treat **response** rate of 46%. The onset of these tumor **responses** was as soon as 1 month posttreatment and reached a maximum by 4 months posttreatment...

... time to progression was 10.2 months (5 patients exceeding 20 months). Likelihood of tumor **response** was associated with a follicular histology, with the ability to sustain a high serum level...

... duration of remission to prior chemotherapy. One patient developed a detectable but not quantifiable immune **response** to the antibody that had no clinical significance. IDEC-C2B8 in a dose of 375...

... C2B8 has a better safety profile. Further studies evaluating IDEC-C2B8 in other types of **lymphoma** either alone or combined with chemotherapy are warranted.
Descriptors: Antibodies, Monoclonal--therapeutic use--TU; *Antigens, CD20 --immunology--IM; ***Lymphoma**, Non-Hodgkin--therapy--TH
Chemical Name: Antibodies, Anti-Idiotypic; Antibodies, Monoclonal; Antigens, **CD20**; **Chimeric** Proteins; **rituximab**

7/3,K,AB/3 (Item 3 from file: 155)
DIALOG(R)File 155:MEDLINE(R)


13586355 PMID: 9272879
Monoclonal antibody to treat **lymphoma**.
Marwick C
JAMA - the journal of the American Medical Association (UNITED STATES) Aug 27 **1997**, 278 (8) p616, 618, ISSN 0098-7484 Journal Code: 7501160
Document type: News
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed

Monoclonal antibody to treat **lymphoma**.
Aug 27 **1997**,
Descriptors: Antibodies, Monoclonal--therapeutic use--TU; *Biological **Response** Modifiers--therapeutic use--TU; ***Lymphoma**, B-Cell --therapy--TH
Chemical Name: Antibodies, Monoclonal; Biological **Response** Modifiers; **rituximab**

7/3,K,AB/4 (Item 4 from file: 155)
DIALOG(R)File 155:MEDLINE(R)


10214342 PMID: 7522629
Phase I clinical trial using escalating single-dose infusion of **chimeric** anti-**CD20** monoclonal antibody (IDEC-C2B8) in patients with recurrent B-cell **lymphoma**.
Maloney D G; Liles T M; Czerwinski D K; Waldichuk C; Rosenberg J; Grillo-Lopez A; Levy R
Department of Medicine, Stanford University Medical Center, CA.
Blood (UNITED STATES) Oct 15 **1994**, 84 (8) p2457-66, ISSN 0006-4971 Journal Code: 7603509
Contract/Grant No.: CA34233; CA; NCI
Document type: Clinical Trial; Clinical Trial, Phase I; Controlled Clinical Trial; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
The B-cell antigen CD20 is expressed on normal B cells and by nearly all B-cell lymphomas. This nonmodulating antigen provides an excellent target for antibody-directed therapies. A **chimeric** anti-**CD20** antibody (IDEC-C2B8), consisting of human IgG1-kappa constant regions and variable regions from the murine monoclonal anti-CD20 antibody IDEC-2B8, has been produced for clinical trials. It lyses CD20+ cells in vitro via complement and antibody-dependent cell-mediated lysis. Preclinical studies have shown that the chimeric antibody selectively depletes B cells in blood and lymph nodes in macaque monkeys. In this phase I clinical trial, 15 patients (3 per dose level) with relapsed low-grade B-cell **lymphoma** were treated with a single dose (10, 50, 100, 250, or 500 mg/m2) of antibody administered intravenously. Treatment-related symptoms correlated with the number of circulating CD20 cells and grade II events consisted of fever (5 patients); nausea (2), rigor (2), orthostatic hypotension (2), bronchospasm (1), and thrombocytopenia (1). No significant toxicities were observed during the 3 months of follow-up. Serum C3, IgG, and IgM levels, neutrophils, and T cells were largely unchanged. At the three higher dose levels, pharmacokinetics of the free antibody showed a serum half-life of 4.4 days (range, 1.6 to 10.5). Levels greater than 10 micrograms/mL

persisted in 6 of 9 patients for more than 14 days. No quantifiable immune **responses** to the infused antibody have been detected. CD20+ B cells were rapidly and specifically depleted in the peripheral blood at 24 to 72 hours and remained depleted for at least 2 to 3 months in most patients. Two-week postinfusion tumor biopsies showed the chimeric antibody bound to tumor cells and a decrease in the percentage of B cells. Tumor regressions occurred in 6 of 15 patients (2 partial and 4 minor **responses**). The results of this single-dose trial have been used to design a multiple-dose phase I/II study.

Phase I clinical trial using escalating single-dose infusion of **chimeric** anti-**CD20** monoclonal antibody (IDEC-C2B8) in patients with recurrent B-cell **lymphoma**.

Oct 15 **1994**,

... B-cell lymphomas. This nonmodulating antigen provides an excellent target for antibody-directed therapies. A **chimeric** anti-**CD20** antibody (IDEC-C2B8), consisting of human IgG1-kappa constant regions and variable regions from the...

...I clinical trial, 15 patients (3 per dose level) with relapsed low-grade B-cell **lymphoma** were treated with a single dose (10, 50, 100, 250, or 500 mg/m2) of...

... mL persisted in 6 of 9 patients for more than 14 days. No quantifiable immune **responses** to the infused antibody have been detected. CD20+ B cells were rapidly and specifically depleted...

...B cells. Tumor regressions occurred in 6 of 15 patients (2 partial and 4 minor **responses** ). The results of this single-dose trial have been used to design a multiple-dose...

...Descriptors: and dosage--AD; *Antigens, CD--immunology--IM; *Antigens, Differentiation, B-Lymphocyte--immunology--IM; *Immunotherapy, Adoptive; * **Lymphoma**, B-Cell--therapy--TH; *Neoplasm Recurrence, Local...; Immunoglobulin M--blood--BL; Immunotherapy, Adoptive--adverse effects--AE; Lymph Nodes--pathology--PA; Lymphocyte Count; **Lymphoma**, B-Cell --immunology--IM; **Lymphoma**, B-Cell--pathology--PA; Middle Aged; Platelet Count

7/3,K,AB/5 (Item 1 from file: 55)
DIALOG(R)File 55:Biosis Previews(R)


0010895913 BIOSIS NO.: 199799529973
IDEC-C2B8 (**rituximab**) levels correlate with **response** in low-grade or follicular non-Hodgkin's **lymphoma** (LG-F NHL)
AUTHOR: Berinstein N; White C A; Grillo-Lopez A J; Maloney D; Jain V; Rosenberg J
AUTHOR ADDRESS: Toronto Sunnybrk Reg. Ca. Cent., Toronto, ON, Canada** Canada
JOURNAL: Proceedings of the American Association for Cancer Research Annual Meeting 38 (0): p85 1997 **1997**
CONFERENCE/MEETING: Eighty-eighth Annual Meeting of the American Association for Cancer Research San Diego, California, USA April 12-16, 1997; 19970412
ISSN: 0197-016X
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

IDEC-C2B8 (**rituximab**) levels correlate with **response** in low-grade or follicular non-Hodgkin's **lymphoma** (LG-F NHL)
**1997**
...REGISTRY NUMBERS: **RITUXIMAB**
DESCRIPTORS:

CHEMICALS & BIOCHEMICALS: **RITUXIMAB**
MISCELLANEOUS TERMS: ...NON-HODGKIN'S **LYMPHOMA**; ...

...**RITUXIMAB**;
?